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Talking behind their backs: Negative gossip and burnout in Hospitals

Katerina Georganta[a,*], Efharis Panagopoulou[b], Anthony Montgomery[a]

[a] University of Macedonia, Egnatias 156, Thessaloniki 54006, Greece
[b] Aristotle University of Thessaloniki, Medical School, Thessaloniki 54124, Greece

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ABSTRACT

Background: Gossip can both hinder and help in a hospital environment. Despite the fact that research indicated that it occurs most frequently in healthcare, it has not been studied in relation to other organizational manifestations such as burnout and engagement, or quality of care outcomes. We hypothesize that negative gossip, defined as negative evaluative talk about an absent third party would function as an indicator of organizational dysfunction.
Methods: A quantitative survey was conducted among doctors, nurses and residents in Greece, Bulgaria, Romania, Turkey, Croatia and Republic of Macedonia ($N = 532$). Specifically, we examined the role of negative gossip, in relation to burnout, job engagement, suboptimal care and patient safety in public hospitals.
Results: Results indicate that, after controlling for negative affect, negative gossip is positively related to emotional exhaustion and depersonalization. Negative gossip negatively correlated with job engagement and patient safety and positively correlated with suboptimal care, even after controlling for burnout. Negative gossip was positively related to the number of event reporting.
Discussion: Gossip is an important aspect of organizational functioning. The degree to which negative gossip is a coping mechanism of healthcare professionals is discussed.

1. Introduction

Despite the fact that gossip can be considered a manifestation of the organizational culture and can provide valuable insights into the working climate of an organization, it has been rarely studied within healthcare organizations. In hospital settings gossip has been considered as a problem and the need to manage it has been emphasized (Thomas & Rozell, 2007). But also, it has been recognized as a way to express emotions and achieve positive outcomes like trust and support (Labianca, 2010; Waddington & Fletcher, 2005). Wittek and Wilers (1998) in a study comparing different organizations found that gossip was most frequently observed in healthcare organizations. While gossip is expected to occur in a stressful environment where people work closely (Davidhizar & Dowd, 1996), it has not been studied in relation to other organizational manifestations such as burnout and engagement, or quality of care outcomes. The purpose of this study was to examine the associations between gossip, job burnout, engagement, quality of care and patient safety within hospital settings.

2. Literature review

Organizational culture is a complex concept which can have many manifestations (Hunt, Sanchez, Tadd, & O'Mahony, 2012; Shortell et al., 2000; Wakefield et al., 2001). Such a manifestation that has not so far received much attention is gossip, which affects and is affected by the culture of an organization. Gossip is a phenomenon that occurs in everyday life. Dunbar (2004) reports results from a series of studies on the content of everyday conversations, showing that gossip accounts for approximately 65% of speaking time. Gossip is a way of communicating rules and establishing norms, it is informal and leads to sharing of information and risk (Noon & Delbridge, 1993). This informality of communication is an important characteristic of gossip (e.g., Roberts & O'Reilly, 1978) and plays an important role, especially when gossip occurs in the workplace, where the formal path might be ignored. Kurland and Pelled (2000) and Michelson, van Iterson, and Waddington (2010) define gossip as verbal evaluative communication among no more than a few individuals, about another who is or is not present. Evaluations can be of either positive or negative valence. For example,

* Corresponding author. Tel.: +30 6932956068/+30 2310891308.
E-mail addresses: katerina.georganta@gmail.com (K. Georganta), efharis@the.forthnet.gr (E. Panagopoulou), antmont@uom.gr (A. Montgomery).

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Baumeister, Zhang, and Vohs (2004) note that gossip is not only about negative instances of rule breaking, but it can be about positive instances of rule strengthening. An interesting finding from Ellwardt, Labianca, and Wittek (2012) reveals that both positive and negative gossip is more likely to be spread about colleagues within the same work group and not the out-group.

Gossip is a phenomenon with light and dark sides (Grosser, Lopez-Kidwell, Labianca, & Ellwardt, 2012) that are not always distinct and it is not easy to discern whether gossip is beneficial or harmful (Noon & Delbridge, 1993). Foster (2004) illustrates that positive as well as negative gossip can serve separate functions in the workplace. Michelson et al. (2010) suggest that there are a number of ways in which gossip can bring significant benefits to individuals, groups, and organizations. Michelson and Mouly (2000) contend that gossip can provide "the means to more rapidly transmit information to employees, the ability to gauge employee reactions to new management initiatives" and "the reinforcement of social bonds and formal work structures". Gossip can help to relieve some of the emotionally charged situations that occur in the multifaceted relationships with patients or other employees. Waddington (2005) notes that nurses often use gossip to express some of the deepest emotions about patients and fellow workers and gossip has been considered as a form of emotional support and a way to relieve stress (Waddington & Fletcher, 2005). Others believe that gossip has a cathartic function (Ribeiro & Blakely, 1995). The positive effects of gossip seem to be higher in the individual level than in the group level (Ellwardt, Steglich, & Wittek, 2012). Gossip can provide a mechanism for socializing into a group (Jaeger, Skelder, Rind, & Rosnow, 1994; Laing, 1993), building identity (Noon & Delbridge, 1993), regulating and resisting (Hafen, 2004), maintaining systems by contributing to the interpretation of events (March & Sevon, 1984), and expressing and managing emotions in stressful work situations (Waddington & Fletcher, 2005). It can also contribute to the maintenance of group norms and group cohesion (Besnier, 1989; Gluckman, 1963) during times of uncertainty and ambiguity, such as when there is a change of management.

But traditionally gossip is seen as a negative issue, which in the context of the organization needs to be minimized if not eliminated at all. One of the most observable negative aspects of gossip is the damage it can do to relationships and to the reputations of other persons and their stature in the workplace (Kurland & Pelled, 2000). Some organizations link gossip to negative outcomes such as decreased productivity, eroded morale, hurt feelings and reputations, and the turnover of valued employees (e.g., Danziger, 1988). Michelson and Mouly (2000) similarly conclude that much of the popular business literature tends to treat rumor and gossip as a detrimental activity for organizations as gossip was assumed "to waste time, undermine productivity, and sap employee morale". Positive gossip has been found to affect teamwork. For example, Sommerfeld, Krambeck, Semmann, and Milinski (2007) found that people reading positive gossip about their work partner were more likely to cooperate than those reading negative gossip. Finally, negative gossip can be considered as bullying (Kiefer, 2013), especially when it involves lies (Vessey, DeMarco, Gaffney, & Budin, 2009).

Mills (2010) proposes that gossip appears to be a phenomenon that is integrated in the organizational context and should not be studied in isolation. Gossip might occur in the individual level, but it has organizational antecedents and outcomes. Organizational gossip can act as an early warning of system dysfunction and failure (Oliver, 2004). Hodson (1993) argues that gossip creates bonds of solidarity and concludes that gossip is more pervasive in the cases of strong competition between workers, when there is a lack of leadership, or when there are strong role ambiguities. Also, negative gossip could be an indicator of low trust, non friendly relationships, and infrequent contact with the managers (Ellwardt, Wittek, & Wielers, 2012). Gossip is likely to arise in circumstances where there is a paucity of formal communication, for example during periods of organizational change (Houmanfar & Johnson, 2003) or in highly hierarchical cultures where information either moves slowly or does not move at all.

The present study examined the associations between negative gossip, job burnout, job engagement, suboptimal care, and patient safety culture among six European countries. Based on previous studies indicating the link between burnout and suboptimal care (Williams, Manwell, Konrad, & Linzer, 2007) we examined the mediating role of burnout in the relationship between negative gossip and suboptimal care and patient safety culture. For the purposes of this study, negative gossip was defined as active negative evaluative talk about an absent colleague. Gossip is a normative part of work, and it follows logically that feelings of burnout and engagement will exacerbate/ameliorate its impact on care related behaviors. In addition in order to asses biases associated with common method variance we included the measurement of negative affectivity as a potential confounder.

We hypothesized that:

H1. Controlling for negative affectivity, negative gossip will be positively related to burnout, in specific emotional exhaustion, and depersonalization.

H2. Negative gossip will be negatively related to job engagement, in specific with vigor and dedication.

H3. Controlling for burnout, negative gossip will be positively related to suboptimal care.

H4. Controlling for burnout, negative gossip will be negatively related to patient safety culture with the exception of event reporting where the association is expected to be positive.

Based on evidence indicating differences in gossip behavior between men and women (Levin & Arluke, 1985) and that gossip seems to serve different functions (Watson, 2012) the differential influence of gender on the above hypotheses will be explored. In addition the differential influence of gossip among nurses, resident doctors and specialists will be explored.

3. Materials and methods

3.1. Procedure

Data were collected in the context of a large European survey (ORCAB: http://orcab.web.auth.gr/) studying the organizational and individual factors that impact upon quality of care and patient safety. A cross-sectional survey protocol was developed in English. In the event that translated versions did not exist, researchers from each country translated the questionnaires using the instrument translation procedure proposed by Harkness (2003). Questionnaires were distributed in-person in a hardcopy format in the ORCAB-collaborating hospitals. Participants were given the questionnaire at the end of their shift and were asked to complete and return it sealed in an anonymous envelope. Data were collected from six countries; Bulgaria, Croatia, Greece, Romania, The former Yugoslav Republic of Macedonia and Turkey.

3.2. Participants

In total 532 health care professionals participated, representing a 72% response rate. Of those, 4.5% were from Bulgaria, 11.8% were form Croatia, 19.2% were from FYROM, 19.5% were from Greece, 25.9% were from Romania and 19.0% were from Turkey. The mean age of participants was 38.7 years old. 39.7% of participants were men and 60.3% were women. 39.8% were nurses, 20.3% were residents or physicians in training, 27.5% were physicians, 12.4% were

technicians, administration and management officers and other specialties. Mean tenure in the hospital was 3.4 (SD = 1.4) years. The majority of participants (70.3%) reported that they worked 40–59 h per week, while 15.3% reported working 20–39 h per week and 11.2% reporting 60–79 h per week. Regarding employment status, 72.7% of participants worked under permanent employment contracts and 19.3% under fixed term employment contacts.

3.3. Measures

Negative gossip: Negative gossip was assessed with the questionnaire developed by Wittek and Wielers (1998). Six items describe evaluative discussions about colleagues who were not present ($\alpha = 0.90$). Participants responded in a 5-point Likert scale (1 = almost never, 2 = very rarely, 3 = occasionally, 4 = very frequently, 5 = always) the frequency in which they engaged in each type of discussion. An example item is "Colleagues criticizing something they regard as a negative trait or feature of an absent person".

Negative affect: Negative affect was assessed with the 10-item negative affect subscale of the Positive and Negative Affect Schedule (PANAS), developed by Watson, Clark, and Tellegen (1988) ($\alpha = 0.85$). An example item is to what extent you have felt hostile over the last week.

Job burnout: Job burnout was assessed using the Maslach Burnout Inventory (MBI) (Maslach, Jackson, & Leiter, 1996). We used two components of burnout, emotional exhaustion (9 items, $\alpha = 0.91$) and depersonalization (5 items, $\alpha = 0.85$). The alpha for the whole scale is $\alpha = 0.93$. An example item is "I feel emotionally drained from my work".

Job engagement: Engagement was assessed with the Utrecht Work Engagement Scale (Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002). The subscales of vigor (6 items, $\alpha = 0.85$) and dedication (5 items, $\alpha = 0.85$) were used. An example item is "When I get up in the morning I feel like going to work".

Patient safety: We assessed patient safety using The Hospital Survey on Patient Safety Culture developed by the US Agency for Healthcare Research and Quality (AHRQ) (http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/hospital/). The survey measures the following 4 aspects of safety culture; teamwork within hospital unit (3 items, $\alpha = 0.74$), frequency of events (an event is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm) reported (items = 3, $\alpha = 0.88$) and hospital handoffs and transitions (4 items, $\alpha = 0.80$). All items were evaluated using a 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = neither, 4 = agree, 5 = strongly disagree), except for the variable frequency of events reported which was evaluated with a 5-point Likert scale indicating frequency (1 = never, 2 = rarely, 3 = sometimes, 4 = most of the times, 5 = always). Number of events reported in the last 12 months was also assessed with one item. Example items are "When a lot of work needs to be done quickly, we work together as a team to get the work done" and "Problems often occur in the exchange of information across hospital units".

Suboptimal care: Suboptimal patient care was assessed with the scale developed by Shanafelt, Bradley, Wipf, and Back (2002). This eight-item measure ($\alpha = 0.84$) uses a 5-point Likert scale to assess the frequency of different practices indicating suboptimal care (1 = never, 2 = once, 3 = several times a year, 4 = monthly, 5 = weekly). An example item is "I made treatment or medication errors that were not due to a lack of knowledge or inexperience".

4. Results

Means and standard deviations of variables included in the study are shown in Table 1.

Table 1
Means and standard deviations.

	Min	Max	Mean	Standard deviation
Age in years	20	65	38.69	9.22
Negative gossip	6	30	16.82	4.99
Burnout—emotional exhaustion	0	54	19	12.47
Burnout—depersonalization	0	30	6.29	6.31
Engagement—vigor	0	36	24.38	8.11
Engagement—dedication	0	30	21.29	7.16
Negative affectivity	10	48	17.81	6.66
Teamwork within hospital unit	3	15	10.79	2.65
Frequency of events reported	3	15	8.92	3.29
Handoffs and transitions	4	20	12.62	3.60
Number of events reported	0	6	0.61	0.98
Suboptimal care	8	32	13.39	4.66

To test our hypotheses we calculated the Pearson coefficients and conducted a mediation analysis using the method presented by Preacher and Hayes (2004) and the SPSS PROCESS macro provided by Hayes (2012) to run it. No differences among gossip were observed between different countries and therefore the sample was treated as a whole. Table 2 shows the correlation coefficients of variables included in the study. Table 3 shows the indirect effects of gossip on burnout via negative affectivity and indirect effects of gossip on patient safety indicators and suboptimal care via burnout.

As expected (H1) negative gossip was positively correlated with emotional exhaustion ($r = .26$, $p < 0.01$) and depersonalization ($r = .29$, $p < 0.01$). There was a significant indirect effect of negative gossip on emotional exhaustion through negative affectivity, $b = .423$, CI [.300, .567], SE = .069. This represents a medium effect, $\kappa^2 = .185$, CI [.137, .239], SE = .027. Also, there was a significant indirect effect of negative gossip on depersonalization through negative affectivity, $b = .185$, CI [.126, .252], SE = .032. This represents a medium effect, $\kappa^2 = .154$, CI [.106, .200], SE = .025.

As we hypothesized (H2) negative gossip was negatively correlated with vigor ($r = -.17$, $p < 0.01$) and dedication ($r = -.16$, $p < 0.01$).

Negative gossip also correlated positively with suboptimal care ($r = .29$, $p = 0.01$) confirming the third hypothesis (H3). There was a small but significant indirect effect of negative gossip on suboptimal care through burnout, $b = .070$, CI [.037, −.110], SE = .019. This represents a small effect, $\kappa^2 = .076$, CI [.041, .114], SE = .019.

Hypothesis 4 was partially accepted (H4). Negative gossip was negatively correlated with teamwork within hospital unit ($r = -.36$, $p < 0.01$). There was a small but significant indirect effect of negative gossip on teamwork within hospital unit through burnout, $b = -.041$, CI [−.066, −.020], SE = .012. This represents a small effect, $\kappa^2 = .061$, CI [.031, .096], SE = .017. Negative gossip was positively related to the number of events reported ($r = .14$, $p < 0.01$). There was a small but significant indirect effect of negative gossip on number of events reported through burnout, $b = .007$, CI [.002, .015], SE = .003. This represents a small effect, $\kappa^2 = .033$, CI [.009, .071], SE = .015. No significant correlation was found between negative gossip and problems during handoffs and transitions and frequency of events reported.

Table 4 shows the associations for different genders, and professions. In terms of gender, all reported relationships were stronger for women than men. In terms of occupational groups the main difference was observed in terms of numbers of events reported, as the relationship with negative gossip was significant only for specialists.

5. Discussion

Results of the study show that controlling for negative affectivity, negative gossip is positively associated with burnout, in terms of emotional exhaustion and depersonalization. Alternatively

Table 2
Pearson's correlations among the study variables and alphas.

	Negative gossip	Emotional exhaustion	Depersonalization	Vigor	Dedication	Negative affect	Teamwork within hospital unit	Frequency of events reported	Handoffs and transitions	Number of events reported	Suboptimal care
Negative gossip	0.90										
Emotional exhaustion	.262**	0.91									
Depersonalization	.292**	.709**	0.85								
Vigor	−.165**	−.422**	−.421**	0.85							
Dedication	−.163**	−.367**	−.402**	.833**	0.85						
Negative affect	.274**	.620**	.569**	−.414**	−.356**	0.85					
Teamwork within hospital unit	−.355**	−.291**	−.155**	.226**	.234**	−.303**	0.74				
Frequency of events reported	−.033	−.041	−.109*	.099*	.102*	.001	.085	0.88			
Handoffs and transitions	−.087	.035	.055	−.099*	−.098*	.036	.123	−.010	0.80		
Number of events reported	.136**	.115*	.210**	−.064	−.130**	.129**	−.131**	.084	.002	–	
Suboptimal care	.292**	.258**	.372**	−.206**	−.185**	.339**	−.249**	−.007	−.216**	.171**	0.84

* $p < .05$.
** $p < .01$.

negative gossip is inversely related to job engagement. Controlling for burnout, negative gossip is also negatively related to patient safety and positively related to suboptimal care. As reported in the literature (Levin & Arluke, 1985; Watson, 2012) relationships of gossip were stronger for women. Future research should explore whether gossip takes place in different forms among men and whether therefore different methodologies are needed to assess it.

5.1. Gossip and organizational culture

The reported association between negative gossip and burnout indicates that negative gossip should be considered as a possible characteristic of the organizational culture contributing to burnout. It could also be interpreted as a potential manifestation of burnout. Resident doctors are affected more by negative gossip in terms of emotional exhaustion, which is in agreement with studies showing that residents are scoring higher in burnout (Shanafelt et al., 2002). While the cross-sectional nature of the study does not allow one to draw conclusions regarding the causality of the relationships, results indicate that negative gossip should be studied in the same context as burnout in terms of antecedents and consequences. Negative gossip, as informal social support, could be a maladaptive way of controlling the demands that cause burnout (Karasek, 1979). Given that gossip in general, but negative gossip more strongly, implies a deeper connection between the individuals, future studies should examine the moderating function of negative gossip, in the place of social support, between demands and control.

5.2. Gossip and patient safety culture

In addition, findings of this study suggest that negative gossip could be a risk factor for suboptimal care, and compromised patient safety, or a way of coping with the emotional and organizational consequences of suboptimal care. In specific, the positive association between negative gossip and the number of events reported indicates that either the reporting of events leads to wide spread rumors or that the tendency to report medical events is driven by the motivation to negatively judge colleagues rather than a commitment to patient safety culture. This finding was stronger for medical specialists possibly due to the responsibility associated with their position in the hospital hierarchy. Findings highlight the need for protected formal paths of communication for the disclosure and discussion of incidents of suboptimal care and threats to patient safety.

5.3. Gossip as an alternative communication pathway

Gossip is a powerful mechanism of informal social control, which contributes to the preservation of social groups and their norms (Elias & Scotson, 1994; Gluckman, 1963). Given its information sharing nature it seems like a way to understand the social world and it serves as a way of learning how society functions (Baumeister et al., 2004). But considering that communication in an organization can walk two paths, the formal and the informal, what does a preference in the informal way tell us about the organization? For example, could organizations where gossip, either positive or negative – the informal way of communication – occurs be considered learning organizations? Could information that flows in an informal way be integrated in the organization and change how things function? If yes, then gossip might not be that negative, but it can probably serve as a way to get valuable information which might not be available in another way. Considering the fact that hospitals are organizations with hierarchical cultures, gossip may be the only way of acquiring information in these types of cultures. Furthermore, in a type of organization where blame is common (Lentza, Montgomery, Georganta, & Panagopoulou, 2014)

Table 3
Indirect effects of gossip on burnout via negative affectivity and indirect effects of gossip on patient safety indicators and suboptimal care via burnout.

Independent	Dependent	Bootstrapping (1000 samples)			Preacher and Kelley Kappa-squared		
		Indirect effect	Percentile 95% bias corrected and accelerated CI's		κ^2	Percentile 95% bias corrected and accelerated CI's	
			Lower	Upper		Lower	Upper
Controlling for negative affectivity							
Gossip	Emotional exhaustion	.423	.300	.567	.185	.137	.239
	Depersonalization	.185	.126	.252	.154	.106	.200
Controlling for burnout							
Gossip	Teamwork within hospital units	−.041	−.066	−.020	.061	.031	.096
	Number of events reported	.007	.002	.015	.033	.009	.071
	Suboptimal care	.070	.037	.110	.076	.041	.114

Table 4
Correlations among gossip and the variables of the study, for men, women nurses, resident doctors and specialists.

	Negative gossip men	Negative gossip women	Nurses	Resident Doctors	Specialists
Emotional exhaustion	.153*	.328**	.161*	.390**	.221*
Depersonalization	.183*	.359**	.266**	.233*	.217*
Vigor	−.130	−.189**	−.134	−.133	−.248*
Dedication	−.030	−.239**	−.157*	−.093	−.319**
Negative affect	.205**	.318**	.209**	.226*	.326**
Teamwork within hospital unit	−.330**	−.368**	−.253**	−.370**	−.310**
Frequency of events reported	.062	−.083	−.146	−.165	−.006
Handoffs and transitions	−.087	−.075	−.041	−.160	−.164
Number of events reported	.188*	.098	.058	.028	.234*
Suboptimal care	.250**	.316**	.201**	.201*	.321**

* $p < .05$.
** $p < .01$.

maybe gossip's manipulative function comes in the foreground as a way to transfer this blame. The positive correlation between negative gossip and the number of events reported is an indicator of the effects of a culture of blame on behavior.

Future research should examine the link between hospital communication protocols, informal communication pathways like gossip and quality of care outcomes. In specific, future studies should investigate which triggers lead to negative gossip, and in what way do they affect patient safety culture of the particular hospital setting. In addition, informal communication pathways such as gossip should be taken into consideration by line managers and clinicians, as while some forms of gossip should probably remain on the informal or personal level, content related to work practices could be shared in an open, non threatening way. The challenge is to figure out how to transfer talking about work practices from the gossip sphere to the error management sphere.

5.4. Limitations

The cross-sectional design of our study means it is difficult to attribute causality between negative gossip, burnout, patient safety and suboptimal care. However, this study was the first study to highlight the link between organizational culture, gossip and quality of care within hospitals across different countries. Future studies should also include gossip concerning patients as a potential dimension of gossip behavior. Given the recent emphasis on the role of human factors in quality of care (Carthey, Walker, Deelchand, Vincent, & Griffiths, 2011) future studies should consider gossip within that framework.

While the design of the study does not allow for causal interpretations, findings highlight the link between negative gossip and patient safety. This relationship should be further explored by future studies using longitudinal designs. In addition more research is needed to identify which specific dimensions of patient safety are affected and in what way by negative gossip.

This study assessed negative gossip using a general measure of active participation in negative evaluative talk. As a result, no conclusions can be made concerning specific dimensions of gossip such as who gossips with whom. Future studies should assess in detail the relational nature of gossip using a triangulation of methods in order to further investigate its role as an informal way of social support and social control within specific social groups operating in diverse social norms.

Conflict of interest statement

The authors declare that there are no conflicts of interest.

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